



AETNA BETTER HEALTHSM Premier Plan

Provider overview

Updated March 31, 2015



Aetna Better Health of Michigan overview





Eligibility criteria

Who is eligible?

- Age 21 and older at the time of enrollment
- Eligible for full Medicare Part A
- Enrolled under Parts B and D
- Receive full Medicaid benefits
- Reside in a demonstration region

Who is NOT eligible?

- Under the age of 21
- Previously disenrolled from Medicaid managed care
- Does not reside in a demonstration region
- Additional low income Medicare beneficiary/qualified individuals
- Without full Medicaid coverage
- On Medicaid and reside in a state psychiatric hospital
- Commercial HMO coverage
- Elected hospice services



MI Health Link benefits

- **Comprehensive benefits: Medicare (excluding hospice) and Medicaid**
 - Preventative care
 - Acute care
 - Prescription drugs
- **Individuals who qualify receive Home and Community-Based Services (HCBS) Long Term Services and Supports (LTSS) and behavioral health services.**
- **Prepaid Inpatient Health Plans (PIHPs) manage care for members with:**
 - Behavioral Health (BH) needs
 - Substance Use Disorders (SUD)
 - Intellectual/Developmental Disabilities (I/DD)



Sample ID cards

Front →

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AETNA BETTER HEALTHSM PREMIER PLAN

Member Name: Last Name, First Name
Member/RX ID#: 000000000-00

Health Plan (80840): Card Issuer Identifier

PCP: Last Name, First Name
PCP Phone: 000-000-0000

Copay: \$0

CMS - H8026 Plan Benefit Package #H8026-001

MI HEALTH LINK

MedicareRx
Prescription Drug Coverage

RxBIN: 610591
RxPCN: MEDDADV
RxGRP: RX8827

In case of emergency, call 911 or go to the nearest emergency room.

Member Services:	1-855-676-5772 (TTY 711)
24 Hour Nurse Advice Line:	1-855-676-5772 (TTY 711)
Pharmacy Help Desk:	1-855-319-6287
Website:	www.aetnabetterhealth.com/michigan
PIHP General Information Line:	1-800-676-5814
24 Hour Behavioral Health Crisis Line:	1-800-675-7148
Vision Services:	1-877-666-2188
Dental Services:	1-888-249-8842

Contact Member Services for Pharmacy benefit

Send Claims to:	Electronic Claims
Aetna Better Health of Michigan	Payer ID: 128MI
PO Box 66215, Phoenix, AZ 85082-6215	
Claim Inquiry:	1-855-676-5772 (TTY 711)

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Home and Community-Based Services (HCBS) Waiver

The **Home and Community-Based Services (HCBS) Waiver Program** is authorized in §1915(c) of the Social Security Act and provides community-based services for individuals who would otherwise need to be in a nursing home, hospital, or facility for the mentally challenged and/or developmentally disabled.





Transition of Care

Waiver Services/PIHP's

When a member enrolls with Aetna Better Health of Michigan and they are eligible under a “waiver” program, Aetna will honor the individual’s existing service levels and providers for a pre-determined amount of time, a “*Transition of Care*” period, depending upon the type of service.





Combined waiver services

The following combined waiver services are available as applicable to the enrollee's needs:

- Adult day health
- Home medical equipment and supplies
- Assisted living service
- Choices - home care attendant service
- Chore services
- Community transition service
- Emergency response service
- Enhanced community living
- Home care attendant
- Home delivered meals
- Adaptive and assistive device services
- Homemaker
- Home modification, maintenance and repair
- Independent living assistance
- Nutritional consultation
- Out-of-respite
- Personal care
- Pest control
- Social work counseling
- Waiver nursing service
- Waiver transportation



Integrated Care Bridge overview

What is the Integrated Care Bridge?

- A web-based care coordination platform that is housed within our Aetna Medicaid Web portal that allows secure access to information
- Allows all enrollees and members of the Integrated Care Team (ICT) to access and update information when appropriate
- Key ICT partners include:
 - PIHP support coordinator
 - Other ICOs
 - Hospitals
 - PCP/PCMH
 - LTSS service coordinators



Provider Secure Web Portal

The screenshot displays the Aetna Better Health Premier Plan Provider Secure Web Portal. The header features the Aetna logo and the text "AETNA BETTER HEALTHSM PREMIER PLAN". The main content area is divided into three primary sections:

- Care Bridge Record:** A sidebar menu on the left containing options such as "Search Authorizations", "Search Claims", "Search PIHP Claims", "View Care Team", "View Following:" (with sub-items: Care Plan, Condition List, Medications, Allergies, Assessment, Service Outcomes), "Contact Health Plan", "Change Provider Demographics", "Claim Appeal / Claim Issue", "Prior Authorization / Authorization Issue", "Member Eligibility issue", and "Modify Portal Role".
- Messages from Health Plan:** A central panel showing notification counts: "You have 0 Message(s) in your Inbox." and "You have 0 Post(s) through Posts and Notifications."
- Contact Health Plan:** A panel providing contact information: "For any questions, please contact Member/Provider Services Department at (855) 676-5772, Hearing Impaired (TTY/TDD) 711 or email them at AetnaBetterHealth-MI-ProviderServices@Aetna.com".

On the right side, there are two additional panels:

- Welcome Note Message:** A message box stating: "Welcome to the Aetna Better Health of Michigan's Care Bridge. Click the 'Care Bridge Record' link in the blue menu bar to access to Member information".
- Useful Links:** A panel with a "Provider Documents" sub-section containing links for "Aetna Better Health of MI", "Provider Directory Search Tool", "Pharmacy Part D", and "PIHP Region 4".

At the bottom right, there is a download prompt for Adobe Acrobat Reader: "Download the latest version of Adobe Acrobat Reader here" with a red Adobe logo icon.

<https://gamedicaid.aetna.com/mwp/landing/home>



Provider Secure Web Portal – Contact Health Plan

The screenshot shows the 'Contact Health Plan' page in the Aetna Provider Secure Web Portal. The page is divided into a left sidebar and a main content area. The sidebar contains navigation links for 'My Account', 'My Profile', 'Messaging', and 'Health Tools'. The main content area includes a breadcrumb trail, an 'About Contact Health Plan' section, and a form for sending a message. The form fields are: 'From' (Test goodman.Clifford at), 'Inquiry Type' (General), 'Subject' (Subject), and 'Message' (a large text area). There is also an 'Attachment' section with a 'Browse...' button and 'Send' and 'Cancel' buttons at the bottom.

Home > My Account > Contact Health Plan

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AETNA BETTER HEALTH™ PREMIER PLAN

My Account

- My Profile
- My User Details
- Provider Details
- Change Password
- Change Security Question
- Contact Health Plan

Messaging

- Inbox
- Sent Items
- Deleted Items
- Post and Notification
- Provider Documents

Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management
- Register for EFT
- Register for ERA

About Contact Health Plan

Contact Health Plan is an internal messaging system that allows the user to securely send a message to the health plan. The user may select the type of inquiry or select General and describe their issue or concern in the body of the message.

Contact Health Plan

From: Test goodman.Clifford at

Inquiry Type: General

Subject: Subject

Message:

Attachment:



Medical Prior Authorization



A current list of services requiring prior authorization can be found online at www.aetnabetterhealth.com/michigan.



Prior Authorization decision timeframes

Decision	Decision / notification timeframe	Person notified	Notification method
Urgent pre-service approval	72 hours from receipt of request	Practitioner / provider	Oral or electronic/written
Non-urgent pre-service approval	14 calendar days from receipt of the request	Practitioner / provider	Oral or electronic/written
Urgent concurrent approval	24 hours of receipt of request	Practitioner / provider	Oral or electronic/written



Clearinghouse and clean claims

- **We accept both paper and electronic claims.**
- **Emdeon is the preferred clearinghouse for electronic claims.**
- **We process clean claims according to the following timeframes:**
 - 90% of clean EDI claims adjudicated within 30 days of receipt
 - 99% of clean paper claims adjudicated within 90 days of receipt
- **A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party.**





Claim submission

Electronic claims:

- Aetna Better Health encourages participating providers to electronically submit claims through Emdeon at <http://www.emdeon.com/>.
- Please use Submitter ID #128MI when submitting electronic claims.
- Emdeon WebConnect will be offered at no charge.

Paper claims:

Aetna Better Health of Michigan
P.O. Box 66215
Phoenix, AZ 85082

How to fill out a CMS 1500

Form:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>

Sample CMS 1500 Form:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1500805.pdf>

How to fill out a CMS UB-04/1450 Form:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>



Claim submission

Atypical providers

- Atypical providers are service providers that do not meet the definition of a healthcare provider such as taxi drivers, carpenters, personal care providers, etc.
- However, these providers perform services that are reimbursed by Aetna Better Health of Michigan.

Important documentation requirements

- Documents do not need to be sent in with your claim
- Continue to send documentation to the Care Manager at the health plan
- The Care Manager's name will be on the Service Authorization Letter

Claim submission example

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 09/08

INSURED'S I.D. NUMBER (For Program in Item 1)
123445567 - Enter Member Plan ID here

PATIENT'S NAME (Last Name, First Name, Middle Initial)
Doe, John D.

PATIENT'S BIRTH DATE (MM DD YY)
09 01 43

PATIENT'S ADDRESS (No. Street)
123 Main St.

CITY
Chicago

STATE
IL

PATIENT'S RELATIONSHIP TO INSURED
Self

PATIENT STATUS
Single

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
[Signature]

14. DATE OF SERVICE (MM DD YY)
10 01 13

15. PROCEDURE, SERVICE, OR SUPPLY (ICD-9 Dx)
55170

16. PLACE OF SERVICE (Visit WWW.CMS.GOV)
12

17. CPT CODE
1

18. COST FOR ALL UNITS
343.20

19. UNITS
80

20. MEDICAID IDENTIFICATION NUMBER
123456789010987654321

21. NPI
0987654321

22. PROVIDER SIGNATURE AND DATE
[Signature] 2/1/12

23. SERVICE FACILITY LOCATION (Address, City, State, ZIP)
ABC Facility
557 Main St
Nowhere, IL 99999

24. PROVIDER NPI
0987654321

25. MEDICAID ID
12345678901

26. TOTAL CHARGE
343.20

27. AMOUNT PAID
ABC Facility
Provider Billing
Info Here

28. BALANCE DUE
ABC Facility
123 Stop Here Road
Anywhere, IL 99999

29. BILLING PROVIDER APO & PO #
0987654321

30. BILLING PROVIDER NPI
12345678901

31. APPROVED CLAIM NUMBER
[Number]

32. APPROVED CLAIM DATE
[Date]



Critical incident reporting

Aetna Better Health of Michigan is contractually obligated to immediately report critical incidents to the State of Michigan Department of Community Health

Critical incidents include, but are not limited to the following:

- Unexpected death of an enrollee or severe injury sustained by an enrollee
- Suspected physical, mental or sexual abuse and/or neglect of an enrollee
- Seclusion, neglect, deprivation, restraint of an enrollee
- Theft or financial exploitation of an enrollee
- Medication error involving an enrollee
- Inappropriate/unprofessional conduct by a provider involving an enrollee
 - Illegal activity by the enrollee - fraudulent activities on the part of the enrollee
 - Enrollee arrested, charged, or convicted of a crime
 - Illegal activity by the provider - enrollee is the victim - fraudulent activities on the part of the provider
 - Provider arrested, charged, or convicted of a crime.
 - Staff falsification of credentials or records

Aetna Better Health of Michigan Fraud and Abuse Hotline: 1-800-338-6361 or Emergency 911.



Provider grievances

- Providers may submit expressions of dissatisfaction not related to an action as a grievance verbally or in writing. If the request is made verbally, then you must follow that request in writing. Written grievances can be submitted to the health plan via fax at 1-860-975-3615 or to the following address:

**Aetna Better Health of Michigan
Grievance System Manager
1333 Gratiot Ave., Suite #400
Detroit, MI 48207
Fax: 1-860-975-3615**

- An acknowledgement letter will be sent within three (3) business days summarizing the grievance and will include instructions on how to:
 - Revise the grievance within the timeframe specified in the acknowledgement letter
 - Withdraw the grievance at any time until Grievance Committee review

Additional information is located in the Provider Manual.



Provider appeals

- Provider appeals can be requested verbally and in writing. If the request is made verbally, then you must follow that request in writing.
- Written appeals can be submitted to the health plan via fax at **1-860-975-3615** or to the following address:

Aetna Better Health of Michigan
Grievance System Manager
1333 Gratiot Ave., Suite #400
Detroit, MI 48207
Fax: 1-860-975-3615

Additional information is located in the Provider Manual.



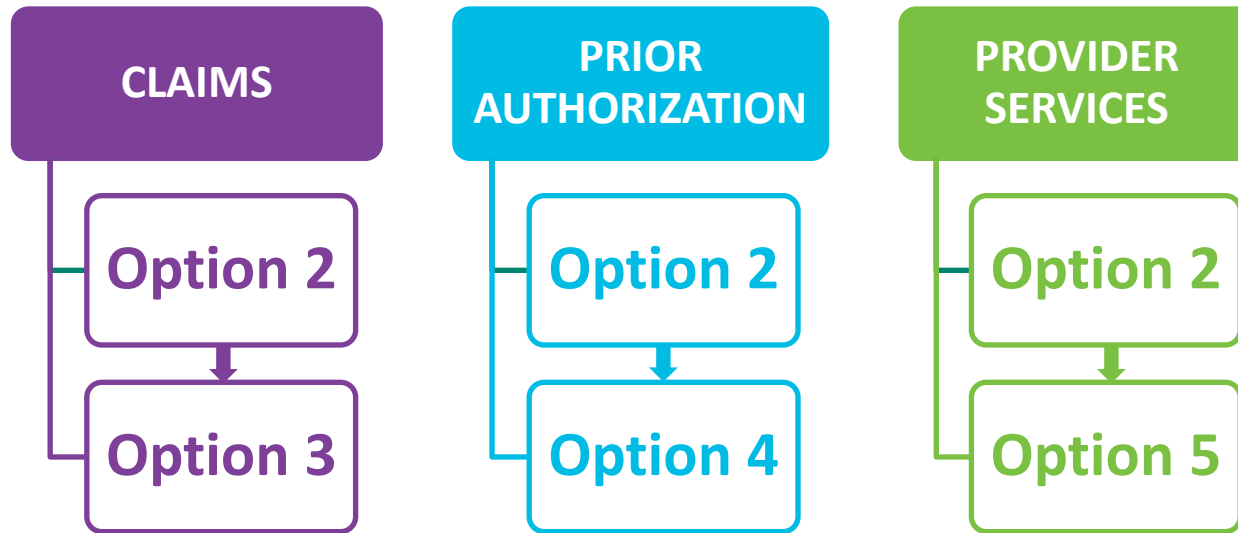
Provider resources

Question and/or concern:	Where to obtain an answer:
Eligibility	Care Bridge - Secure Web Portal or contact Member Services Department
Medical Prior Authorization	Care Bridge - Secure Web Portal, contact Medical Management Department at 1-855-676-5772, or Fax to 1-855-365-8108
Pharmacy Prior Authorization	Contact CVS Caremark at 1-888-624-1135 or Fax to 1-844-242-0914
Claims Inquiry Claims Research (CICR)	1-855-676-5772
Member Services (includes language line)	1-855-676-5772
Provider Services	Call 1-855-676-5772, email us at AetnaBetterHealth-MI-ProviderServices@Aetna.com or fax your questions to 1-860-607-7415
Benefits	Care Bridge - Secure Web Portal or contact Member Services Department



Provider Services department

Aetna Better Health of Michigan: 1-855-676-5772



Care Management: 1-855-676-5772, Option 5

E-Mail: AetnaBetterHealth-MI-ProviderServices@Aetna.com

Website: www.aetnabetterhealth.com/michigan



Thank you

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